

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

| | | |
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| SERIAL NO. | 10/018962 | FILING DATE |
| APPLICANT(S) | | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------------|------------------------|------------|------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 48 | | | | | |
| TOTAL CLAIMS | 50 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

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| TOTAL IND. | | | | | | | | |
| TOTAL DEP. | | | | | | | | |
| TOTAL CLAIMS | | [REDACTED] |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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